City of Milwaukee CBP-123, R. 10/2007

RESIGNATION

DER REPORT NO.	
DER KLEUNT NO.	

Date

INSTRUCTIONS:

- 1. Employee must sign the copy of this form and give it to his/her immediate supervisor.
- 2. Supervisor must transmit the form for Reporting Officer's and/or Approving Officer's signatures.

Distribute a copy to:

EmployeeDepartmer	Employes' Retirement SysDept. of Employee Relation		Date: tion		
Employee:			Race:	Employee I.D. No.:	
Mailing Address:			Zip Code:		
Department:			Gender: Male Female		
Боранинона			Division No.:		
Division:			Payroll Location No.:		
Job Title:					
CHECK ONE:	IE: Resignation from this title only Resignation from City employment				
Resignation to take effect at the close of business on:					
If employee was off payroll before date of resignation enter last date for which pay was received:					
Explain the difference between last pay date and resignation date below (<i>Examples</i> : On Leave of Absence Since – give date; Owed Time Deducted – give number of hours; AWOL Since – give date): Reason for Resignation:					
Employee Signature Date					
NOTE: Department must obtain City of Milwaukee Identification Card from resigning employee.					
Repo	rting Officer's Signature	Title		Date	

REINSTATEMENT POLICY:

Approving Officer's Signature

Request for reinstatement may be made in the City department from which the employee resigned. Approval of the request by that department is necessary in order to be placed on a reinstatement list. Reinstatement requests made after one year of resignation must also be approved by the City Service Commission. Under the City Service Commission rules, however, the Commission does not hear appeals if the request for reinstatement is denied or not recommended by the department.

Title